

## Participant Service Record Instructions

### Waiver/IL Plan

1. Has the participant been offered a choice of a waiver or IL plan?  Y  N
2. Has the form been signed and dated?  Y  N
3. If IL Plan was chosen, was a copy given to participant and documented?  Y  N  N/A
4. If changes were made to ILP, was the ILP signed again and participant given updated copy?  Y  N  N/A

### Independent Living Skills Evaluation

1. Is the front page of the IL evaluation completely filled out?  Y  N
2. Are all of the categories on the IL evaluation completed?  Y  N
3. Are there notes and recommendations written on the IL evaluation?  Y  N

### Application

1. Has an application been completed? (**All information has been entered and all boxes have been checked**)  Y  N
2. Is there a statement of the problem or need presented by the participant on the application? (**statement should be in the participant's own words**)  Y  N

### Eligibility/Ineligibility form

1. Is there evidence of a significant disability and the primary disability written on the form?  Y  N
2. Has the presence of a significant disability been checked and properly documented on the form?  Y  N
3. Are Part 2 and Part 3 filled out correctly according to the IL manual?  Y  N
4. Have one of the blanks been checked showing the participant as eligible or ineligible for services?  Y  N
5. If determined ineligible, was a letter mailed to the participant with an explanation and CAP rights?  Y  N  N/A
6. Is the eligibility form signed and dated?  Y  N
7. Do the dates on the release, IL plan/Waiver, and eligibility all coincide?  Y  N

### Agencies form

1. Has the agencies form been completed listing the other cooperating agencies?  Y  N  N/A

### Release of Information

1. Has the release been filled out?  Y  N  N/A
2. Is the release signed and dated?  Y  N  N/A
3. Has the release been updated within the last year?  Y  N  N/A

**TAD**

N/A

- 1. If the participant receives the TAD program, you should have the following paperwork in the CSR.
  - a) Service Request Form  Y  N  N/A
  - b) Conditions of Acceptance Form  Y  N  N/A
  - c) Purchase Requisition Form  Y  N  N/A

**HMAD**

N/A

- 1. If the participant receives HMAD services, did he/she meet economic need?  Y  N  N/A
- 2. Has the economic need form been signed and dated by both parties?  Y  N  N/A
- 3. If the participant is receiving CDBG funding, has the checklist for the building project form been put in the file and completed?  Y  N  N/A
- 4. If the participant receives HMAD services, you should have the following paperwork in the CSR.
  - a) Purchase Requisition(s)  Y  N
  - b) Conditions of Acceptance Form  Y  N
  - c) Contractor Bids (2~if over \$1500)  Y  N  N/A
  - d) Landlord Approval Letter (**rental property**)  Y  N  N/A
  - e) Pictures of the project  Y  N  N/A
  - f) Other paperwork related to the HMAD project  Y  N  N/A
  - g) If determined ineligible, was a letter mailed to the participant with an explanation and CAP rights?  Y  N  N/A
- 5. Was lead base paint testing done on project if older than 1978?  Y  N  N/A

**Correspondence**

- 1. Are any letters or paperwork not included in one of the above categories, in the correspondence section if they relate to the participant or the services ILC is providing them?  Y  N  N/A

**Goals and Objectives**

- 1. Have the goals and services been dated when set?  Y  N
- 2. Have the goals and services been dated when completed?  Y  N  N/A
- 3. Have the goals and services been dated when omitted?  Y  N  N/A
- 4. Have we given ourselves credit for all the goals that we worked on and accomplished?  Y  N

**Case Notes**

- 1. Is the referral form in the file?  Y  N
- 2. Does the initial case note explain the participant's disability, their limitations due to their disability, and what assistance they need?  Y  N

**Closure**

- 1. Is the contact timely and on a regular basis? (**monthly contact**)  Y  N
- 2. Are the case notes thorough and appropriate?  Y  N
- 3. Is there a case note for each time a goal is set and met?  Y  N

4. Does the closure case note state the reason for closure, if the services were helpful, and that permission was give to close the file?  Y  N
5. Does the closure contain the living situation, whether goals were met, and state whether the services kept out, moved out, or did neither for the participant?  Y  N
6. Should a survey be sent?  Y  N

**Reminder**

**\* Has the file been thoroughly checked over and all forms that require a signature and date been completed?**